

ACORD™ AUTOMOBILE LOSS NOTICE										DATE (MM/DD/YY)							
PRODUCER			PHONE (A/C, No, Ext):			COMPANY			NAIC CODE:			MISCELLANEOUS INFO (Site & location code)					
						POLICY NUMBER			REFERENCE NUMBER			CAT #					
CODE:			SUB CODE:			EFFECTIVE DATE		EXPIRATION DATE		DATE OF ACCIDENT AND TIME			AM		PREVIOUSLY REPORTED		
AGENCY CUSTOMER ID:													PM		YES NO		
INSURED						CONTACT			CONTACT INSURED								
NAME AND ADDRESS			SOC SEC #:			NAME AND ADDRESS						WHERE TO CONTACT					
												WHEN TO CONTACT					
RESIDENCE PHONE (A/C, No)			BUSINESS PHONE (A/C, No, Ext)			RESIDENCE PHONE (A/C, No)			BUSINESS PHONE (A/C, No, Ext)								
LOSS																	
LOCATION OF ACCIDENT (Include city & state)						AUTHORITY CONTACTED:				VIOLATIONS/CITATIONS							
						REPORT #:											
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)																	
POLICY INFORMATION																	
BODILY INJURY (Per Person)		BODILY INJURY (Per Accident)		PROPERTY DAMAGE		SINGLE LIMIT		MEDICAL PAYMENT		OTC DEDUCTIBLE		OTHER COVERAGE & DEDUCTIBLES (UM, no-fault, towing, etc)					
LOSS PAYEE										COLLISION DED							
UMBRELLA/EXCESS		UMBRELLA		EXCESS		CARRIER:		LIMITS:		AGGR		PER CLAIM		PER OCC			
INSURED VEHICLE																	
VEH #		YEAR		MAKE:		BODY TYPE:		PLATE NUMBER				STATE					
				MODEL:		V.I.N.:											
OWNER'S NAME & ADDRESS								RESIDENCE PHONE (A/C, No):									
								BUSINESS PHONE (A/C, No, Ext):									
DRIVER'S NAME & ADDRESS (Check if same as owner)								RESIDENCE PHONE (A/C, No):									
								BUSINESS PHONE (A/C, No, Ext):									
RELATION TO INSURED (Employee, family, etc.)			DATE OF BIRTH			DRIVER'S LICENSE NUMBER			STATE		PURPOSE OF USE		USED WITH PERMISSION? YES NO				
DESCRIBE DAMAGE				ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?				WHEN CAN VEH BE SEEN?		OTHER INSURANCE ON VEHICLE					
PROPERTY DAMAGED																	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)						OTHER VEH/PROP INS? YES NO		COMPANY OR AGENCY NAME:									
								POLICY #:									
OWNER'S NAME & ADDRESS								RESIDENCE PHONE (A/C, No):									
								BUSINESS PHONE (A/C, No, Ext):									
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)								RESIDENCE PHONE (A/C, No):									
								BUSINESS PHONE (A/C, No, Ext):									
DESCRIBE DAMAGE				ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?											
INJURED																	
NAME & ADDRESS						PHONE (A/C, No)		PED		INS VEH		OTH VEH		AGE		EXTENT OF INJURY	
WITNESSES OR PASSENGERS																	
NAME & ADDRESS						PHONE (A/C, No)		INS VEH		OTH VEH		OTHER (Specify)					
REMARKS (Include adjuster assigned)																	
REPORTED BY				REPORTED TO				SIGNATURE OF INSURED				SIGNATURE OF PRODUCER					